

Breast Cancer Surveillance Consortium Proposal Form

Date:

Project Title:

Short title (5 words or less):

Project Leader:

Name:

Affiliation:

Mailing Address:

Email Address:

Phone Number:

Key Collaborators (add rows if more than 4):

Name

Affiliation

Email Address

Purpose (check all that apply):

- ☐ data analysis for manuscript (target journal: _____)
- ☐ preliminary data for grant proposal
- ☐ inputs for simulation model
- ☐ development of statistical methods
- ☐ other _____ (describe)

Type of data request:

- ☐ aggregate data
- ☐ de-identified individual level data without dates, zipcodes, or BCSC site identifiers
- ☐ de-identified individual level data with
 - ☐ dates
 - ☐ zipcodes
 - ☐ masked BCSC site identifiers

Any data request that includes dates, zipcodes, or masked BCSC site identifiers will require completion of a HIPAA data use agreement following approval of proposal

- ☐ other _____ (describe)

Preference for person who will perform data analysis:

- ☐ project leader or collaborator
- ☐ analyst from Statistical Coordinating Center
- ☐ other _____ (describe)

Proposed Timetable (include initiation and completion dates and any anticipated deadlines):

Research Objective/Major Hypotheses:

Please include the following: Background, Objective, Methods (including mockup draft tables, inclusion/exclusion criteria for study subjects, study time period, power analyses, and analytic plan).

To be completed by the Statistical Coordinating Center (SCC)

Date Received by the SCC:

Date of Steering Committee Review:

Steering Committee Action:

☐ Approved ☐ Returned for Additional Information
☐ Disapproved

SCC Analyst:

Date of Correspondence with Project Leader:

IRB Approval Date (submitted by Project Leader):

Anticipated Project Start Date: